

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or Fax **(571)-273-2885**

RECEIVED
 CENTRAL FAX CENTER

JAN 12 2007

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

03773 7590 10/12/2006
ELMAN TECHNOLOGY LAW, P.C.
 P. O. BOX 209
 SWARTHMORE, PA 19081

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Shirley A. Betlach</i>	(Depositor's name)
<i>Shirley A. Betlach</i>	(Signature)
<i>January 12, 2007</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/702,002	10/30/2000	George M. Johnson	1065-011US04	7813

TITLE OF INVENTION: METHOD AND DEVICE FOR TREATING GASTROESOPHAGEAL REFLUX DISEASE

2007 TBESHAW2 00000008 501778 09702002

01 FC:1501 1400.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	50	50	\$1400	01/12/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LACYK, JOHN P	3735	128-898000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>Shumaker + Sieffert, AA</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.	2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first recopy any previously paid issue fee shown above)

- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501778 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Jason D. Kelly

Typed or printed name Jason D. Kelly

Date 1-12-07
 Registration No. 54,813

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SHUMAKER & SIEFFERT, P.A.
8425 SEASONS PARKWAY, SUITE 105
ST. PAUL, MINNESOTA 55125
TEL 651.735-1100
FAX 651.735-1102
WWW.SSIPLAW.COM

RECEIVED
CENTRAL FAX CENTER
JAN 12 2007

FACSIMILE SUBMISSION UNDER 37 CFR 1.8

TO:	FROM:
Mail Stop Issue Fee	Jason D. Kelly
COMPANY:	DATE:
U.S. Patent & Trademark Office	JANUARY 12, 2007
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-2885	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1065-011US04
RE:	APPLICATION SERIAL NUMBER:
Issue Fee Transmittal	09/702,002

This facsimile message is intended for the sole use of the intended recipient(s) and may contain information that is confidential, privileged and/or attorneys' work product. Any review or distribution by any other person is prohibited. If you are not an intended recipient, please immediately contact the sender and delete all copies.
